

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Eastern District of Virginia</b>				<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Lee, Yohance E.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Holmes-Lee, Dionne A.</b>												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-6309</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-1694</b>												
Street Address of Debtor (No. and Street, City, and State): <b>5701 Country Manor Ct.</b> <b>Richmond, VA</b>			Street Address of Joint Debtor (No. and Street, City, and State): <b>5701 Country Manor Ct.</b> <b>Richmond, VA</b>												
ZIP Code <b>23234</b>			ZIP Code <b>23234</b>												
County of Residence or of the Principal Place of Business: <b>Chesterfield</b>			County of Residence or of the Principal Place of Business: <b>Chesterfield</b>												
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):												
ZIP Code			ZIP Code												
Location of Principal Assets of Business Debtor (if different from street address above):															
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding											
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> *** <b>David Nicholas Tabakin 82709</b> *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY										
<b>Estimated Number of Creditors</b> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>						<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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<b>Estimated Assets</b> <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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<b>Estimated Liabilities</b> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>					<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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B1 (Official Form 1)(04/13)

Page 2

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Lee, Yohance E.**

**Holmes-Lee, Dionne A.**

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

### Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

### Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ David Nicholas Tabakin**

Signature of Attorney for Debtor(s)

**David Nicholas Tabakin 82709**

**July 2, 2015**

(Date)

### Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

### Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

### Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

### Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Lee, Yohance E.**

**Holmes-Lee, Dionne A.**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Yohance E. Lee**

Signature of Debtor **Yohance E. Lee**

**X /s/ Dionne A. Holmes-Lee**

Signature of Joint Debtor **Dionne A. Holmes-Lee**

Telephone Number (If not represented by attorney)

**July 2, 2015**

Date

### Signature of Attorney\*

**X /s/ David Nicholas Tabakin**

Signature of Attorney for Debtor(s)

**David Nicholas Tabakin 82709**

Printed Name of Attorney for Debtor(s)

**Cochran Law Firm**

Firm Name

**4509 W. Broad St.  
Richmond, VA 23230**

Address

**Email: dtabakin@cochranlawfirm.net**

**(804) 358-2222 Fax: (804) 358-7985**

Telephone Number

**July 2, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X** \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Yohance E. Lee  
Dionne A. Holmes-Lee**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Yohance E. Lee

Yohance E. Lee

Date: July 2, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Yohance E. Lee  
Dionne A. Holmes-Lee**

Debtor(s)

Case No.  
Chapter

**7**

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

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☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Dionne A. Holmes-Lee  
Dionne A. Holmes-Lee

Date: July 2, 2015

**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>9,047.41</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>204.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>35</b>		<b>208,590.39</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,457.52</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,805.00</b>
Total Number of Sheets of ALL Schedules		<b>51</b>			
Total Assets			<b>9,047.41</b>		
Total Liabilities				<b>208,794.39</b>	



**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **Yohance E. Lee,**  
**Dionne A. Holmes-Lee**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>204.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>84,945.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>85,149.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>2,457.52</b>
Average Expenses (from Schedule J, Line 22)	<b>2,805.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	<b>2,874.71</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>119.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>85.00</b>
4. Total from Schedule F		<b>208,590.39</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>208,675.39</b>

B6A (Official Form 6A) (12/07)

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash</b>	-	<b>1.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings with Richmond Postal Credit Union ending 3009=01</b>	<b>W</b>	<b>225.81</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord</b>	<b>J</b>	<b>1,750.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household furnishings and appliances: all furniture and appliances</b>	-	<b>3,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing</b>	-	<b>1,000.00</b>
7. Furs and jewelry.		<b>Jewelry: miscellaneous silver and costume jewelry</b>	-	<b>50.00</b>
		<b>2 Wedding bands</b>	-	<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **6,726.81**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401(K) through work</b>	<b>W</b>	<b>2,317.60</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>Sharing Random Kindness Non-profit - note: business is currently inactive</b>	<b>W</b>	<b>1.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Anticipated tax refund for 2015</b>	<b>-</b>	<b>1.00</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **2,319.60**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		<b>Any interest in property, (including but not limited to tax refunds, lottery winnings, garnished wages, garnished accounts, preferences, personal injury proceeds), that the Debtor(s) acquires or becomes entitled to acquire within 180 days of the filing of his/her petition in bankruptcy by bequest, devise or inheritance; as a result of a property settlement agreement; or of a divorce decree; or as a beneficiary of a life insurance policy or of a death benefit plan.</b>	-	<b>1.00</b>

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

Sub-Total > **1.00**  
(Total of this page)  
Total > **9,047.41**

(Report also on Summary of Schedules)

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Husband's Exemptions</b>			
<b><u>Cash on Hand</u></b>			
Cash	Va. Code Ann. § 34-4	1.00	1.00
<b><u>Security Deposits with Utilities, Landlords, and Others</u></b>			
Security deposit with landlord	Va. Code Ann. § 34-4	100.00	1,750.00
<b><u>Household Goods and Furnishings</u></b>			
Household furnishings and appliances: all furniture and appliances	Va. Code Ann. § 34-26(4a)	3,500.00	3,500.00
<b><u>Wearing Apparel</u></b>			
Clothing	Va. Code Ann. § 34-26(4)	1,000.00	1,000.00
<b><u>Furs and Jewelry</u></b>			
Jewelry: miscellaneous silver and costume jewelry	Va. Code Ann. § 34-4	50.00	50.00
2 Wedding bands	Va. Code Ann. § 34-26(1a)	200.00	200.00
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
401(K) through work	Not property of Bankruptcy Estate under Patterson v Shumate 504 US 753 (1991) Va. Code Ann. § 34-34	2,317.60 1.00	2,317.60
<b><u>Other Liquidated Debts Owing Debtor Including Tax Refund</u></b>			
Anticipated tax refund for 2015	Va. Code Ann. § 34-4	1.00	1.00
<b><u>Other Personal Property of Any Kind Not Already Listed</u></b>			
Any interest in property, (including but not limited to tax refunds, lottery winnings, garnished wages, garnished accounts, preferences, personal injury proceeds), that the Debtor(s) acquires or becomes entitled to acquire within 180 days of the filing of his/her petition in bankruptcy by bequest, devise or inheritance; as a result of a property settlement agreement; or of a divorce decree; or as a beneficiary of a life insurance policy or of a death benefit plan.	Va. Code Ann. § 34-4	1.00	1.00

Total:	<b>7,171.60</b>	<b>8,820.60</b>
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B6C (Official Form 6C) (4/13) -- Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**  
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Wife's Exemptions</b>			
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
<b>Savings with Richmond Postal Credit Union</b>	<b>Va. Code Ann. § 34-4</b>	<b>225.81</b>	<b>225.81</b>
<b>ending 3009=01</b>			



B6D (Official Form 6D) (12/07)

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							<b>0.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxxx &amp; 1694</b>				<b>2013</b>					
<b>Maryland Transportation Author 2310 Broening Hwy Baltimore, MD 21224</b>		<b>J</b>		<b>Deficiency balance</b>					<b>0.00</b>
								<b>56.00</b>	<b>56.00</b>
Account No. <b>xxx-xx-6309</b>				<b>05/19/08</b>					
<b>NHC Animal Control c/o Fin. Dept. 230 Government Drive, Ste 165 Wilmington, NC 28403</b>		<b>J</b>		<b>Services rendered</b>					<b>85.00</b>
								<b>85.00</b>	<b>0.00</b>
Account No. <b>-1694</b>				<b>2013</b>					
<b>Port Authority of NY &amp; NJ 4 World Trade Center 150 Greenwich Street New York, NY 10007</b>		<b>J</b>		<b>Deficiency balance</b>					<b>0.00</b>
								<b>63.00</b>	<b>63.00</b>
Account No.									
Account No.									
Subtotal									<b>85.00</b>
(Total of this page)								<b>204.00</b>	<b>119.00</b>
Total									<b>85.00</b>
(Report on Summary of Schedules)								<b>204.00</b>	<b>119.00</b>

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xC230</b>  <b>A Quality Self Storage Inc</b> <b>7815 Ocean Highway East</b> <b>Leland, NC 28451</b>		<b>J</b>	<b>2009</b> <b>Services rendered</b>				<b>100.00</b>
Account No. <b>xxxxxx5666</b>  <b>Aaron's, Inc</b> <b>Attn: Bankruptcy Notices</b> <b>309 E. Paces Ferry Rd, N.E.</b> <b>Atlanta, GA 30305</b>		<b>J</b>	<b>2012</b> <b>Consumer Credit</b>				<b>4,200.00</b>
Account No.  <b>Midland Credit Management</b> <b>Attn: Bankruptcy Dept.</b> <b>8875 Aero Drive, Ste 200</b> <b>San Diego, CA 92123</b>			<b>Representing:</b> <b>Aaron's, Inc</b>				<b>Notice Only</b>
Account No. <b>650</b>  <b>Allen, Macdonald &amp; Davis, PLLC</b> <b>1508 Military Cutoff Road</b> <b>Suite 102</b> <b>Wilmington, NC 28403</b>		<b>H</b>	<b>08/08/08</b> <b>Services Rendered</b>				<b>250.00</b>
Subtotal (Total of this page)							<b>4,550.00</b>

34 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx7307</b>  <b>Anesthesia Assoc. of Richmond</b> <b>Attn: Bankruptcy Notification</b> <b>P.O. Box 17978</b> <b>Richmond, VA 23226-7978</b>	<b>J</b>	<b>2013</b> <b>Medical Bill</b>				<b>216.00</b>
Account No. <b>xxx-xx-6390</b>  <b>AT&amp;T Mobility II LLC</b> <b>Attn: Bankruptcy Dept.</b> <b>One AT&amp;T Way, Room 3A104</b> <b>Bedminster, NJ 07921</b>	<b>J</b>	<b>2008</b> <b>Services Rendered</b>				<b>215.00</b>
Account No.  <b>AFNI, Inc.</b> <b>Bankruptcy Dept.</b> <b>P. O. Box 3427</b> <b>Bloomington, IL 61702-3427</b>		<b>Representing:</b> <b>AT&amp;T Mobility II LLC</b>				<b>Notice Only</b>
Account No.  <b>Franklin Collection Services</b> <b>2978 West Jackson Street</b> <b>P.O. Box 3910</b> <b>Tupelo, MS 38801</b>		<b>Representing:</b> <b>AT&amp;T Mobility II LLC</b>				<b>Notice Only</b>
Account No.  <b>Prince-Parker &amp; Associates Inc</b> <b>8625 Crown Crescent Ct</b> <b>P.O. Box 474690</b> <b>Charlotte, NC 28247-4690</b>		<b>Representing:</b> <b>AT&amp;T Mobility II LLC</b>				<b>Notice Only</b>
Sheet no. <u>1</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>431.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. -6309  <b>Bank of America Attn: Bankruptcy Dept. 4161 Piedmont Pkwy Greensboro, NC 27410</b>	H	<b>2013 Deficiency balance</b>				<b>800.00</b>
Account No. xxxxxxxx0681  <b>Bank of America, N.A. Loss/Recovery P O Box 982284 El Paso, TX 79998-2238</b>	J	<b>2008 Consumer Credit</b>				<b>1,505.45</b>
Account No. -6309  <b>BB&amp;T Bank Bankruptcy Dept. P. O. Box 1847 Wilson, NC 27894</b>	H	<b>2013 Deficiency balance</b>				<b>1,413.00</b>
Account No. -1694  <b>BB&amp;T Bank Bankruptcy Dept. P. O. Box 1847 Wilson, NC 27894</b>	J	<b>2013 Deficiency balance</b>				<b>653.00</b>
Account No. -6309  <b>Bernard &amp; Associates Realty 507 Chestnut Street Wilmington, NC 28401</b>	J	<b>2009 Judgment</b>				<b>2,337.00</b>
Sheet no. <u>2</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>6,708.45</b>
Subtotal (Total of this page)						<b>6,708.45</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx0512</b>  <b>Bon Secours Bankruptcy Dept P.O. Box 28538 Henrico, VA 23228</b>	<b>J</b>	<b>2012 Medical Bill</b>				<b>7,700.00</b>
Account No. <b>xxxxxxxxxxxx6942</b>  <b>Brunswick County Utilities P.O. Box 469 Bolivia, NC 28422</b>	<b>H</b>	<b>Opened 7/28/10 Services Rendered</b>				<b>180.00</b>
Account No.  <b>Online Collections Attn: Bankruptcy Dept. PO Box 1489 Winterville, NC 28590</b>		<b>Representing: Brunswick County Utilities</b>				<b>Notice Only</b>
Account No. <b>xxxx4602</b>  <b>Brunswick Electric PO BOx 580348 Charlotte, NC 28258-0348</b>	<b>J</b>	<b>2008 Services Rendered</b>				<b>411.00</b>
Account No. <b>xx2768</b>  <b>Call Federal Credit Union Bankruptcy Notification 4605 Commerce Road Richmond, VA 23234</b>	<b>J</b>	<b>2015 Returned Check</b>				<b>970.00</b>
Sheet no. <b>3</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>9,261.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. -6309  Call Federal Credit Union Bankruptcy Notification 4605 Commerce Road Richmond, VA 23234	H	2015 Deficiency balance				1,000.00
Account No. xxxx-xxxx-xxxx-2323  Capital One Bank (USA), N.A. Bankruptcy Notification P.O. Box 30285 Salt Lake City, UT 84130-0285	W	Opened 3/23/13 Last Active 1/19/15 Credit card				496.00
Account No. xxxx-xGY49  Carecentrix Attn: Bankruptcy Dept. 20 Church Street, Ste 1100 Hartford, CT 06103	J	2012 Medical Bills				300.00
Account No. -6309  Carolina First d/b/a TD Bank 2035 LIMESTONE RD Wilmington, DE 19808	J	2013 Deficiency balance				3,000.00
Account No. 1378  Cash in Advance 1930 Castle Hayne Road Wilmington, NC 28401	J	2006 Payday Loan				700.00
Sheet no. <u>4</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>5,496.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxx05-00</b>  <b>Check City Check Cashing Bankruptcy Dept. 2474 North University Avenue Provo, UT 84604</b>	<b>W</b>	<b>2014 Judgment</b>				<b>697.50</b>
Account No. <b>-6309</b>  <b>Chesterfield Co. Utilities Attn: Bankruptcy Dept. PO Box 608 Chesterfield, VA 23832-0009</b>	<b>H</b>	<b>2015 Deficiency balance</b>				<b>400.00</b>
Account No. <b>-6309</b>  <b>Chestnut Property Managment PO Box 2196 Wilmington, NC 28402</b>	<b>J</b>	<b>2008 Deficiency balance</b>				<b>2,000.00</b>
Account No. <b>xxxxxxxx50-00</b>  <b>City of Richmond c/o Dept. of Finance 900 E Broad St Rm 103 Richmond, VA 23219</b>	<b>W</b>	<b>2012 Judgment</b>				<b>0.00</b>
Account No. <b>GV12046250-00</b>  <b>Ballato Law Firm, PC Attn: Bankruptcy Dept. 3721 Westerre Pkwy, Ste. A Henrico, VA 23233</b>		<b>Representing: City of Richmond</b>				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>3,097.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx1231</b>  <b>City of Wilmington</b> <b>305 Chestnut St</b> <b>PO Box 9001</b> <b>Wilmington, NC 28402</b>	<b>J</b>	<b>2007</b> <b>Services Rendered</b>				<b>170.00</b>
Account No. <b>xxxxxxx9690</b>  <b>CJW Medical Center</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 99400</b> <b>Louisville, KY 40269</b>	<b>W</b>	<b>Opened 12/23/14 Last Active 7/01/14</b> <b>Medical Bill</b>				<b>1,900.00</b>
Account No.  <b>Capio Partners, LLC</b> <b>Attn: Bankruptcy Dept</b> <b>2222 Texoma Parkway, Suite 150</b> <b>Sherman, TX 75090</b>		<b>Representing:</b> <b>CJW Medical Center</b>				<b>Notice Only</b>
Account No.  <b>Focused Recovery Solutions</b> <b>Bankruptcy Dept.</b> <b>9701 Metropolitan Ct., Suite B</b> <b>North Chesterfield, VA 23236-3662</b>		<b>Representing:</b> <b>CJW Medical Center</b>				<b>Notice Only</b>
Account No.  <b>HCA Health Services of VA</b> <b>Attn: Bankruptcy Notices</b> <b>One Park Plaza</b> <b>Nashville, TN 37203</b>		<b>Representing:</b> <b>CJW Medical Center</b>				<b>Notice Only</b>
Sheet no. <u>6</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>2,070.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>NPAS Solutions, LLC One Park Plaza - Legal Dept. Nashville, TN 37203</b>		<b>Representing: CJW Medical Center</b>				<b>Notice Only</b>
Account No. xxxxxxxx71-00						
<b>CNAC of Richmond Bankruptcy Notification 7400 Midlotian Turnpike Richmond, VA 23225</b>		<b>2015 Pending Judgment</b>				<b>1.00</b>
Account No. GV15009171-00						
<b>Mark D. Kidd 3140 Chaparral Drive Suite #200 Roanoke, VA 24018-4317</b>		<b>Representing: CNAC of Richmond</b>				<b>Notice Only</b>
Account No. xxx9837						
<b>CNAC of Richmond Bankruptcy Notification 7400 Midlotian Turnpike Richmond, VA 23225</b>		<b>Opened 3/13/14 Last Active 3/18/15 Deficiency</b>				<b>9,445.00</b>
Account No. 6594						
<b>Cohen Dermatopathology PO Box 414913 Boston, MA 02241-4913</b>		<b>2013 Medical Bill</b>				<b>27.00</b>
Sheet no. <u>7</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>9,473.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx2999</b>  <b>College Foundation Inc</b> <b>2917 Highwoods Blvd</b> <b>Raleigh, NC 27604</b>	<b>W</b>	<b>Opened 6/16/09 Last Active 5/01/15</b> <b>Student Loans</b>				<b>12,175.00</b>
Account No. <b>xxxxxxxxxxxx7469</b>  <b>Comcast Cable</b> <b>Attn. Bankruptcy Dept.</b> <b>8029 Corporate Drive</b> <b>Nottingham, MD 21236-4977</b>	<b>W</b>	<b>Opened 11/19/14</b> <b>Services Rendered</b>				<b>656.00</b>
Account No.  <b>Eastern Account Systems</b> <b>Bankruptcy Dept.</b> <b>75 Glen Road, Suite #110</b> <b>Newtown, CT 06470</b>		<b>Representing:</b> <b>Comcast Cable</b>				<b>Notice Only</b>
Account No. <b>8542</b>  <b>Commonwealth Radiology, PC</b> <b>ATTN: Bankruptcy Department</b> <b>1508 Willow Lawn Dr. Suite 117</b> <b>Richmond, VA 23230</b>	<b>J</b>	<b>2013</b> <b>Medical Bill</b>				<b>85.00</b>
Account No. <b>xx4056</b>  <b>Commonwealth Anesthesia</b> <b>Bankruptcy Dept.</b> <b>P. O. Box 35808</b> <b>Richmond, VA 23225</b>	<b>J</b>	<b>2013</b> <b>Medical Bill</b>				<b>375.00</b>
Sheet no. <b>8</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>13,291.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxx3075  <b>Comprehensive ENT, P.C.</b> 203 Wexleigh Drive Henrico, VA 23229		W	Opened 7/23/14 Last Active 5/01/13 Medical Bill				468.00
Account No.  <b>Receivable Management</b> 7206 Hull Street Road North Chesterfield, VA 23235			Representing: Comprehensive ENT, P.C.				Notice Only
Account No. xxxxxxxxxxxxxx6260  <b>Comprehensive ENT, P.C.</b> 203 Wexleigh Drive Henrico, VA 23229		H	Opened 10/07/13 Last Active 3/01/13 Medical Bill				66.00
Account No.  <b>Receivable Management</b> 7206 Hull Street Road North Chesterfield, VA 23235			Representing: Comprehensive ENT, P.C.				Notice Only
Account No. xxx7838  <b>Continental Emergency Services</b> Bankruptcy Dept. PO Box 1617 Mechanicsville, VA 23116		H	Opened 3/18/13 Last Active 12/01/12 Medical Bill				94.00
Sheet no. <u>9</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>628.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>PMAB LLC</b> <b>Attn: Bankruptcy Dept.</b> <b>4135 Southstream Blvd. #400</b> <b>Charlotte, NC 28217</b>		<b>Representing:</b> <b>Continental Emergency Services</b>				<b>Notice Only</b>
Account No. <b>xxx-xx-6309</b>		<b>2015</b> <b>Services Rendered</b>				
<b>County Waste</b> <b>7825 Parham Landing Rd.</b> <b>West Point, VA 23181</b>	<b>J</b>					<b>150.00</b>
Account No. <b>-6309</b>		<b>2015</b> <b>Deficiency balance</b>				
<b>County Waste</b> <b>12230 Deergrove Rd.</b> <b>Midlothian, VA 23112</b>	<b>H</b>					<b>257.61</b>
Account No. <b>-xxxx &amp; -1694</b>		<b>2008</b> <b>Deficiency balance</b>				
<b>David Girardot</b> <b>4607 Franklin Ave. Ste. 110</b> <b>Wilmington, NC 28403</b>	<b>J</b>					<b>1,437.00</b>
Account No. <b>xxxx7356</b>		<b>Opened 10/01/09 Last Active 4/01/09</b> <b>Medical Bills</b>				
<b>Delaney Radiologists</b> <b>1025 Medical Center Dr</b> <b>Wilmington, NC 28401</b>	<b>J</b>					<b>657.00</b>
Sheet no. <u>10</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,501.61</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Firstpoint Coll Resources, Inc Attn: Bankruptcy Dept 225 Commerce Place Greensboro, NC 27401</b>			<b>Representing: Delaney Radiologists</b>			<b>Notice Only</b>
Account No. xxxxxxxxxxxxxx1240						
<b>Dermatology Assoc of VA Attn: Bankruptcy Department 301 Concourse Road, Suite 190 Glen Allen, VA 23059</b>		<b>W</b>	<b>Opened 10/04/12 Last Active 1/01/12 Medical Bill</b>			<b>108.00</b>
Account No.						
<b>Receivables Management System Attn: Bankruptcy Dept 7206 Hull Street Road North Chesterfield, VA 23235</b>			<b>Representing: Dermatology Assoc of VA</b>			<b>Notice Only</b>
Account No. xxxx6670						
<b>DirecTV Attn: Bankruptcy Dept. P.O. Box 6550 Greenwood Village, CO 80155-6550</b>		<b>J</b>	<b>2007 Services Rendered</b>			<b>432.00</b>
Account No.						
<b>AFNI, Inc. Bankruptcy Dept. P. O. Box 3427 Bloomington, IL 61702-3427</b>			<b>Representing: DirecTV</b>			<b>Notice Only</b>
Sheet no. <u>11</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>540.00</b>

Case No. \_\_\_\_\_

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B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>-6309</b>  <b>DYC, LLC</b> <b>7231 Airlie Place</b> <b>Wilmington, NC 28403</b>	<b>H</b>	<b>2010</b> <b>Deficiency balance</b>				<b>2,000.00</b>
Account No. <b>xxxxxxxxxxxx5949</b>  <b>ECEP</b> <b>Attn: Bankruptcy</b> <b>4402 Shipyard Blvd</b> <b>Wilmington, NC 28403</b>	<b>J</b>	<b>Opened 2/22/10</b> <b>Medical Bills</b>				<b>1,303.00</b>
Account No.  <b>Financial Data Systems</b> <b>1638 Military Cutoff Road</b> <b>Wilmington, NC 28403</b>		<b>Representing:</b> <b>ECEP</b>				<b>Notice Only</b>
Account No. <b>xxx7202</b>  <b>Enterprise Rent a Car</b> <b>Attn: Accts Receivable</b> <b>5601 A Market Street</b> <b>Wilmington, NC 28405-3511</b>	<b>J</b>	<b>2007</b> <b>Rental</b>				<b>323.00</b>
Account No. <b>xxxxx3710</b>  <b>Express Scripts</b> <b>Attn: Bankruptcy</b> <b>P.O. Box 66580</b> <b>Saint Louis, MO 63166-6580</b>	<b>J</b>	<b>2012</b> <b>Medical Bill</b>				<b>132.00</b>
Sheet no. <b>13</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,758.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x9177</b>  <b>FASV, PC</b> <b>7016 Lee Park Road, Ste 105</b> <b>Mechanicsville, VA 23111</b>	<b>J</b>	<b>2012</b> <b>Medical Bills</b>				<b>40.00</b>
Account No. <b>-6309</b>  <b>First Citizens Bank</b> <b>Bankruptcy Dept.</b> <b>P. O. Box 11757</b> <b>Columbia, SC 29211</b>	<b>H</b>	<b>2013</b> <b>Deficiency balance</b>				<b>500.00</b>
Account No. <b>-1694</b>  <b>First Citizens Bank</b> <b>Bankruptcy Dept.</b> <b>P. O. Box 11757</b> <b>Columbia, SC 29211</b>	<b>W</b>	<b>2013</b> <b>Deficiency balance</b>				<b>500.00</b>
Account No. <b>xxxx7327</b>  <b>Fort Sill National Bank</b> <b>P.O. Box 33009</b> <b>Fort Sill, OK 73503-9989</b>	<b>J</b>	<b>Opened 6/18/10</b> <b>Overdrawn Account</b>				<b>236.00</b>
Account No.  <b>ChexSystems Collection Agency</b> <b>7805 Hudson Road, Suite 100</b> <b>Woodbury, MN 55125</b>		<b>Representing:</b> <b>Fort Sill National Bank</b>				<b>Notice Only</b>
Sheet no. <b>14</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,276.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx4601</b>  <b>Four County EMC</b> <b>1822 N.C. 53 West</b> <b>PO Box 667</b> <b>Burgaw, NC 28425</b>	<b>J</b>	<b>2006</b> <b>Services Rendered</b>				<b>270.00</b>
Account No. <b>xxxxxxxx47-00</b>  <b>Gastrointestinal Specialists</b> <b>2369 Staples Mill Road</b> <b>2nd Floor</b> <b>Richmond, VA 23230-2909</b>	<b>J</b>	<b>2013</b> <b>Judgment</b>				<b>905.93</b>
Account No. <b>GV13020247-00</b>  <b>Solodar &amp; Solodar</b> <b>Bankruptcy Dept.</b> <b>11504 Allecingie Pwy.</b> <b>Richmond, VA 23235</b>		<b>Representing:</b> <b>Gastrointestinal Specialists</b>				<b>Notice Only</b>
Account No. <b>xxxxxx1367</b>  <b>GEICO Indemnity Co.</b> <b>Attn: Bankruptcy Dept.</b> <b>One GEICO Boulevard</b> <b>Fredericksburg, VA 22412-0007</b>	<b>J</b>	<b>2015</b> <b>Services</b>				<b>190.00</b>
Account No. <b>xx-xxx8313</b>  <b>Great Lakes</b> <b>PO Box 530229</b> <b>Atlanta, GA 30353-0229</b>	<b>J</b>	<b>2008</b> <b>Personal Loan</b>				<b>4,600.00</b>
Sheet no. <u>15</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,965.93</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx6399</b>  <b>Henrico Doctor's Hospital</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 99400</b> <b>Louisville, KY 40269</b>	<b>H</b>	<b>Opened 6/04/13 Last Active 12/01/12</b> <b>Medical Bills</b>				<b>1,500.00</b>
Account No.  <b>Focused Recovery Solutions</b> <b>Bankruptcy Dept.</b> <b>9701 Metropolitan Ct., Suite B</b> <b>North Chesterfield, VA 23236-3662</b>		<b>Representing:</b> <b>Henrico Doctor's Hospital</b>				<b>Notice Only</b>
Account No. <b>1039</b>  <b>Henrico Surgical Specialist</b> <b>Bankruptcy Notice</b> <b>3 Maryland Farms Ste. 250</b> <b>Brentwood, TN 37027-5053</b>	<b>J</b>	<b>2013</b> <b>Medical Bills</b>				<b>211.00</b>
Account No. <b>4830</b>  <b>Inpatient Medical Services PA</b> <b>Attn: Bankruptcy Dept.</b> <b>4299 San Felipe Rd, Ste 300</b> <b>Houston, TX 77027</b>	<b>J</b>	<b>2013</b> <b>Medical Bills</b>				<b>70.00</b>
Account No. <b>1039</b>  <b>Inst. of Advanced ENT Surgery</b> <b>3 Maryland Farms Ste 250</b> <b>Brentwood, TN 37027-5053</b>	<b>J</b>	<b>2013</b> <b>Medical Bills</b>				<b>260.00</b>
Sheet no. <b>16</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,041.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-1694</b>  <b>Integrated Auto. Fin., LLC</b> <b>Attn: Bankruptcy notices</b> <b>4801 Courthouse St, Ste 300</b> <b>Williamsburg, VA 23188</b>	<b>W</b>	<b>09/15/14</b> <b>Deficiency</b>				<b>12,700.00</b>
Account No.  <b>Mark D. Kidd</b> <b>P.O. Box 20487</b> <b>Roanoke, VA 24018</b>		<b>Representing:</b> <b>Integrated Auto. Fin., LLC</b>				<b>Notice Only</b>
Account No. <b>xxx-xxx-6309</b>  <b>Intercede Health</b> <b>2000 Crawford Street, Ste 1350</b> <b>Houston, TX 77002</b>	<b>J</b>	<b>2015</b> <b>Services Rendered</b>				<b>75.00</b>
Account No.  <b>Meehan Law, LLC</b> <b>700 Spirit of St. Louis Blvd</b> <b>Ste A</b> <b>Chesterfield, MO 63005</b>		<b>Representing:</b> <b>Intercede Health</b>				<b>Notice Only</b>
Account No. <b>9292</b>  <b>James River Emergency Group</b> <b>5665 New Northside Drive</b> <b>Suite 320</b> <b>Atlanta, GA 30328</b>	<b>J</b>	<b>2014</b> <b>Medical Bill</b>				<b>122.00</b>
Sheet no. <u>17</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>12,897.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Durham &amp; Durham, LLP Attn: Bankruptcy Dept 5665 New Northside Dr, Ste 340 Atlanta, GA 30328</b>			<b>Representing: James River Emergency Group</b>			<b>Notice Only</b>
Account No. <b>-6309</b>						
<b>Joanne S. Parker 533 Rivage Promenade Wilmington, NC 28412</b>		<b>H</b>	<b>2009 Deficiency balance</b>			<b>2,600.00</b>
Account No. <b>-6309</b>						
<b>Kool Smiles 400 Galleria Parkway Suite 800 Atlanta, GA 30339</b>		<b>H</b>	<b>2013 Deficiency balance</b>			<b>3,876.00</b>
Account No. <b>xxxx8807</b>						
<b>Laboratory Corp. of America Attn: Bankruptcy Dept. P.O. Box 2240 Burlington, NC 27216-2240</b>		<b>J</b>	<b>2015 Medical Bills</b>			<b>100.00</b>
Account No.						
<b>LCA Collections Attn: Bankruptcy Dept PO Box 2240 Burlington, NC 27216-2240</b>			<b>Representing: Laboratory Corp. of America</b>			<b>Notice Only</b>
Sheet no. <u>18</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>6,576.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx5921</b>  <b>Liberty Mutual</b> <b>Attn: Bankruptcy Notices</b> <b>175 Berkeley Street</b> <b>Boston, MA 02116</b>	<b>J</b>	<b>2013</b> <b>Insurance</b>				<b>956.00</b>
Account No.  <b>Credit Collection Services</b> <b>Bankruptcy Dept.</b> <b>P.O. Box 9134</b> <b>Needham Heights, MA 02494-9134</b>		<b>Representing:</b> <b>Liberty Mutual</b>				<b>Notice Only</b>
Account No. <b>6777</b>  <b>MCV Hospital</b> <b>Attn: Bankruptcy Notification</b> <b>P.O. Box 980462</b> <b>Richmond, VA 23298-0462</b>	<b>J</b>	<b>2012</b> <b>Medical Bill</b>				<b>132.00</b>
Account No.  <b>FirstSource Advantage, LLC</b> <b>Attn: Bankruptcy Dept.</b> <b>205 Bryant Woods South</b> <b>Amherst, NY 14228</b>		<b>Representing:</b> <b>MCV Hospital</b>				<b>Notice Only</b>
Account No.  <b>MCV Associated Physicians</b> <b>830 E Main Street</b> <b>Suite 1900</b> <b>Richmond, VA 23219</b>		<b>Representing:</b> <b>MCV Hospital</b>				<b>Notice Only</b>
Sheet no. <b>19</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,088.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>MCV Collections Attn: Bankruptcy Dept. P.O. Box 758721 Baltimore, MD 21275</b>		<b>Representing: MCV Hospital</b>				<b>Notice Only</b>
Account No. <b>xx9593</b>		<b>2006 Medical Bill</b>				
<b>MEDAC Health Services PA 3710 Shipyard Blvd Wilmington, NC 28403</b>	<b>J</b>					<b>30.00</b>
Account No. <b>xxxxxxx5239</b>		<b>2012 Medical Bill</b>				
<b>Monument Pathologists, Inc. Attn: Bankruptcy Notices 5801 Bremo Road Richmond, VA 23226</b>	<b>J</b>					<b>16.00</b>
Account No. <b>xx9080</b>		<b>2015 Medical Bill</b>				
<b>N. Am. Partners in Anesthesia PO Box 37090 Baltimore, MD 21297-3090</b>	<b>W</b>					<b>720.00</b>
Account No. <b>-6309</b>		<b>2015 Deficiency balance</b>				
<b>New Generations FCU Bankruptcy Notice 1700 Robin Hood Road Richmond, VA 23220</b>	<b>H</b>					<b>1,084.03</b>
Sheet no. <b>20</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,850.03</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx3902</b>  <b>New Hanover Regional Hospital</b> <b>Attn: Bankruptcy</b> <b>2131 S 17th Street</b> <b>Wilmington, NC 28401</b>	<b>H</b>	<b>Opened 9/08/09 Last Active 8/01/09</b> <b>Medical Bills</b>				<b>6,092.00</b>
Account No.  <b>Paragon Revenue Group</b> <b>Attn: Bankruptcy Dept</b> <b>P.O. Box 126</b> <b>Concord, NC 28026</b>		<b>Representing:</b> <b>New Hanover Regional Hospital</b>				<b>Notice Only</b>
Account No. <b>-6309</b>  <b>North Metro Properties</b> <b>PO Box 1144</b> <b>Wilmington, NC 28402</b>	<b>J</b>	<b>2006</b> <b>Deficiency balance</b>				<b>2,000.00</b>
Account No. <b>xxx2558</b>  <b>Norwood Pharmacy</b> <b>c/o Ignite Spot Accounting</b> <b>PO Box 707</b> <b>Layton, UT 84041</b>	<b>J</b>	<b>2015</b> <b>Medical Bills</b>				<b>80.00</b>
Account No. <b>xxxx7313</b>  <b>OrthoVirginia, Inc.</b> <b>Billing/Bankruptcy Dept.</b> <b>1115 Boulders Pkwy, Suite 200</b> <b>North Chesterfield, VA 23225</b>	<b>J</b>	<b>2012</b> <b>Medical services</b>				<b>50.00</b>
Sheet no. <b>21</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>8,222.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxxx9010	W	Opened 4/25/13 Last Active 12/01/12 Medical Bills				90.00
Patient First Attn: Billing/Bankruptcy Dept. P.O. Box 758941 Baltimore, MD 21275-8941						
Account No.		Representing: Patient First				Notice Only
Receivables Management System Attn: Bankruptcy Dept 7206 Hull Street Road North Chesterfield, VA 23235						
Account No. xxxxxxxxxxxxxx3242	H	Opened 7/12/12 Last Active 4/01/12 Medical Bills				88.00
Patient First Attn: Billing/Bankruptcy Dept. P.O. Box 758941 Baltimore, MD 21275-8941						
Account No.		Representing: Patient First				Notice Only
Receivables Management System Attn: Bankruptcy Dept 7206 Hull Street Road North Chesterfield, VA 23235						
Account No. xxxxx6612	J	Opened 4/17/15 Last Active 5/01/14 Medical Bills				420.00
Primary Health Group, Inc. One Park Plaza Nashville, TN 37203						
Sheet no. 22 of 34 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			598.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>CAC Financial Corp Bankruptcy Dept. 2601 NW Expressway, #1000 East Oklahoma City, OK 73112-7236</b>		<b>Representing: Primary Health Group, Inc.</b>				<b>Notice Only</b>
Account No.						
<b>Primary Health Group 101 Cowardin Ave # 305 Richmond, VA 23224</b>		<b>Representing: Primary Health Group, Inc.</b>				<b>Notice Only</b>
Account No. <b>xxxxxxxxxxxx7303</b>						
<b>Progress Energy P.O. Box 1551 Raleigh, NC 27602</b>	<b>W</b>	<b>Opened 7/13/12 Last Active 6/01/10 Services Rendered</b>				<b>634.00</b>
Account No.						
<b>Interstate Credit Coll Attn: Bankruptcy Dept. 711 Coliseum Plaza Ct Winston Salem, NC 27106</b>		<b>Representing: Progress Energy</b>				<b>Notice Only</b>
Account No.						
<b>Online Collections Attn: Bankruptcy Dept. PO Box 1489 Winterville, NC 28590</b>		<b>Representing: Progress Energy</b>				<b>Notice Only</b>
Sheet no. <b>23</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>634.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>SCA P.O. Box 910 Edenton, NC 27932</b>		<b>Representing: Progress Energy</b>				<b>Notice Only</b>
Account No. xxxxxxxx98-00						
<b>Pusha Mago 5012 Cedarbend Lane Richmond, VA 23237</b>	<b>J</b>	<b>2014 Judgment</b>				<b>1,343.00</b>
Account No. xxxxxxxx91-00						
<b>Pusha Mago 5012 Cedarbend Lane Richmond, VA 23237</b>	<b>J</b>	<b>2014 Judgment</b>				<b>1,193.00</b>
Account No. xxxxx3949						
<b>Quest Diagnostics Inc Bankruptcy Dept. P.O. Box 7302 Hollister, MO 65673-7302</b>	<b>J</b>	<b>2013 Medical Bills</b>				<b>10.00</b>
Account No. xxxx2792						
<b>Radiology Assoc. of Richmond Attn: Bankruptcy Notification 2602 Buford Road Richmond, VA 23225</b>	<b>J</b>	<b>2010 Medical Bill</b>				<b>90.00</b>
Sheet no. <b>24</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,636.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Credit Adjustment Board, Inc. 8002 Discovery Drive Suite 311 Henrico, VA 23229</b>		<b>Representing: Radiology Assoc. of Richmond</b>				<b>Notice Only</b>
Account No. <b>-6309</b>		<b>2013 Deficiency balance</b>				
<b>RBC Centura 301 FAYETTEVILLE ST STE 1200 Raleigh, NC 27601</b>	<b>J</b>					<b>450.00</b>
Account No. <b>xxxx4231</b>		<b>2012 Deficiency</b>				
<b>Regional Acceptance Bankruptcy Dept. 10051 Midlothian Turnpike Richmond, VA 23235</b>	<b>J</b>					<b>4,000.00</b>
Account No.						
<b>Tate &amp; Kirlin Assoc. Bankruptcy Dept. 2810 Southampton Road Philadelphia, PA 19154</b>		<b>Representing: Regional Acceptance</b>				<b>Notice Only</b>
Account No. <b>xxxx-xxxx-xxxx-2144</b>		<b>2008 Consumer Credit</b>				
<b>Rewards 660 Processing Center PO Box 30383 Tampa, FL 33630-3383</b>	<b>J</b>					<b>250.00</b>
Sheet no. <u>25</u> of <u>34</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>4,700.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxA679</b>  <b>Richmond Diabates and Endo.</b> <b>7229 Forest Avenue</b> <b>Suite 110</b> <b>Henrico, VA 23231</b>	<b>J</b>	<b>2012</b> <b>Medical Bills</b>				<b>110.00</b>
Account No. <b>0183</b>  <b>Richmond Emergency Physicians</b> <b>5855 Bremo Road, Suite 210</b> <b>Richmond, VA 23226</b>	<b>J</b>	<b>2012</b> <b>Medical Bill</b>				<b>152.00</b>
Account No. <b>xxxxxxxx60-00</b>  <b>Richmond Postal Credit Union</b> <b>Bankruptcy Notice</b> <b>1601 Ownby Lane</b> <b>Richmond, VA 23220</b>	<b>W</b>	<b>2007</b> <b>Judgment</b>				<b>748.91</b>
Account No. <b>GV07062160-00</b>  <b>Lafayette, Ayers &amp; Whitlock</b> <b>Bankruptcy Dept.</b> <b>10160 Staples Mill Road, #105</b> <b>Glen Allen, VA 23060</b>		<b>Representing:</b> <b>Richmond Postal Credit Union</b>				<b>Notice Only</b>
Account No. <b>x6016</b>  <b>Royal Derm &amp; Aes. Skin Care</b> <b>7229 Forrest Ave, Ste 100</b> <b>Richmond, VA 23226</b>	<b>J</b>	<b>2015</b> <b>Medical Bills</b>				<b>30.00</b>
Sheet no. <b>26</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,040.91</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-6039</b>  <b>Sleep Clinic</b> <b>P.O. Box 71703</b> <b>Henrico, VA 23255</b>	<b>J</b>	<b>2013 Medical Bills</b>				<b>120.00</b>
Account No. <b>xxxx6029</b>  <b>Sprint Nextel</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 7949</b> <b>Overland Park, KS 66207-0949</b>	<b>H</b>	<b>Opened 11/26/13 Last Active 9/01/11 Services Rendered</b>				<b>776.00</b>
Account No.  <b>Enhanced Recovery Company LLC</b> <b>Attn: Bankruptcy Dept</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256</b>		<b>Representing: Sprint Nextel</b>				<b>Notice Only</b>
Account No.  <b>Pentagroup Financial</b> <b>Attn: Bankruptcy Dept.</b> <b>5959 Corporate Dr,Ste 1400</b> <b>Houston, TX 77036</b>		<b>Representing: Sprint Nextel</b>				<b>Notice Only</b>
Account No. <b>xxxxxx4407</b>  <b>State Farm Ins.</b> <b>PO Box 2329</b> <b>Bloomington, IL 61702-2329</b>	<b>J</b>	<b>2013 Insurance</b>				<b>581.00</b>
Sheet no. <b>27</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,477.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-6309</b>  <b>SunTrust Bank</b> <b>Attn: Bankruptcy Dept</b> <b>P.O. Box 85024</b> <b>Richmond, VA 23285-5024</b>	<b>J</b>	<b>2008</b> <b>Overdrawn Check</b>				<b>668.00</b>
Account No.  <b>NCO Financial Systems, Inc.</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>		<b>Representing:</b> <b>SunTrust Bank</b>				<b>Notice Only</b>
Account No. <b>-6309</b>  <b>SunTrust Bank</b> <b>Attn: Bankruptcy Department</b> <b>P.O. Box 4928</b> <b>Orlando, FL 32802</b>	<b>H</b>	<b>2013</b> <b>Deficiency balance</b>				<b>795.00</b>
Account No. <b>-1694</b>  <b>SunTrust Bank</b> <b>Attn: Bankruptcy Department</b> <b>P.O. Box 4928</b> <b>Orlando, FL 32802</b>	<b>W</b>	<b>2013</b> <b>Deficiency balance</b>				<b>2,891.00</b>
Account No. <b>xxxxxxxxxxxxx5989</b>  <b>The Foot and Ankle Center</b> <b>Attn: Bankruptcy Dept.</b> <b>1465 Johnston Willis Dr</b> <b>Richmond, VA 23235</b>	<b>W</b>	<b>Opened 4/17/12 Last Active 10/01/11</b> <b>Medical Bills</b>				<b>823.00</b>
Sheet no. <b>28</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,177.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Receivable Management 7206 Hull Street Road North Chesterfield, VA 23235</b>		<b>Representing: The Foot and Ankle Center</b>				<b>Notice Only</b>
Account No. xxxxxxxxxxx0146		<b>2007 Consumer Credit</b>				
<b>TRS Recovery Services, Inc. 5251 Westheimer Houston, TX 77056</b>	<b>J</b>					<b>202.42</b>
Account No. xxxxxxxxxxx8581		<b>Opened 9/15/09 Last Active 5/01/15 Student Loans</b>				
<b>U.S. Dept. of Education/GLESI Bankruptcy Notification P.O. Box 7860 Madison, WI 53707</b>	<b>W</b>					<b>53,513.00</b>
Account No.						
<b>Navient PO Box 9500 Wilkes Barre, PA 18773</b>		<b>Representing: U.S. Dept. of Education/GLESI</b>				<b>Notice Only</b>
Account No. xxxxxxxxxxx8581		<b>Opened 2/10/12 Last Active 5/01/15 Student Loans</b>				
<b>U.S. Dept. of Education/GLESI Bankruptcy Notification P.O. Box 7860 Madison, WI 53707</b>	<b>H</b>					<b>19,257.00</b>
Sheet no. <b>29</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>72,972.42</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Navient</b> <b>PO Box 9500</b> <b>Wilkes Barre, PA 18773</b>			<b>Representing:</b> <b>U.S. Dept. of Education/GLESI</b>			<b>Notice Only</b>
Account No. <b>xxxxxxxx0001</b>  <b>Verizon</b> <b>Attn: Bankruptcy Dept.</b> <b>500 Technology Dr., Suite 300</b> <b>Weldon Spring, MO 63304</b>		<b>H</b>	<b>Opened 8/01/14 Last Active 10/01/14</b> <b>Services Rendered</b>			<b>3,295.00</b>
Account No.  <b>AFNI, Inc.</b> <b>Bankruptcy Dept.</b> <b>P. O. Box 3427</b> <b>Bloomington, IL 61702-3427</b>			<b>Representing:</b> <b>Verizon</b>			<b>Notice Only</b>
Account No.  <b>EOS CCA</b> <b>Attn: Bankruptcy</b> <b>700 Longwater Drive</b> <b>Norwell, MA 02061</b>			<b>Representing:</b> <b>Verizon</b>			<b>Notice Only</b>
Account No. <b>-1694</b>  <b>Violation Process Center</b> <b>PO Box 1234</b> <b>Clifton Forge, VA 24422</b>		<b>W</b>	<b>2013</b> <b>Deficiency balance</b>			<b>128.50</b>
Sheet no. <b>30</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,423.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>-6309</b>  <b>Virginia Credit Union</b> <b>Attn: Bankruptcy Department</b> <b>P.O. Box 90010</b> <b>Richmond, VA 23225</b>	<b>H</b>	<b>2013</b> <b>Deficiency balance</b>				<b>1,148.04</b>
Account No. <b>xxx9130</b>  <b>Virginia Ear, Nose, &amp; Throat</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 36007</b> <b>North Chesterfield, VA 23235-8000</b>	<b>J</b>	<b>2015</b> <b>Medical Bills</b>				<b>463.00</b>
Account No. <b>xxxx7059</b>  <b>Virginia Emergency Physicians</b> <b>Attn: Bankruptcy Dept</b> <b>1602 Skipwith Road</b> <b>Henrico, VA 23229</b>	<b>H</b>	<b>Opened 1/31/11 Last Active 10/01/10</b> <b>Medical Bill</b>				<b>1,246.00</b>
Account No.  <b>NCO Financial Systems, Inc.</b> <b>2360 Campbell Creek, Suite 500</b> <b>Richardson, TX 75082</b>		<b>Representing:</b> <b>Virginia Emergency Physicians</b>				<b>Notice Only</b>
Account No.  <b>Transworld Systems Inc.</b> <b>Attn: Bankruptcy Dept.</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044</b>		<b>Representing:</b> <b>Virginia Emergency Physicians</b>				<b>Notice Only</b>
Sheet no. <b>31</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,857.04</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx0468</b>  <b>Virginia Urology Bankruptcy Notification 9105 Stony Point Drive Richmond, VA 23235</b>	<b>J</b>	<b>2013 Medical Bills</b>				<b>40.00</b>
Account No. <b>-6309</b>  <b>Wells Fargo Bank Nevada, NA Attn: Bankruptcy Dept P.O. Box 31557 Billings, MT 59107</b>	<b>H</b>	<b>2013 Deficiency balance</b>				<b>500.00</b>
Account No. <b>-1694</b>  <b>Wells Fargo Bank Nevada, NA Attn: Bankruptcy Dept P.O. Box 31557 Billings, MT 59107</b>	<b>W</b>	<b>2013 Deficiency balance</b>				<b>500.00</b>
Account No. <b>xxx3718</b>  <b>Westlake Financial Serv. 4751 Wilshire Blvd. Suite 100 Los Angeles, CA 90010</b>	<b>W</b>	<b>Opened 3/16/12 Last Active 7/02/14 Judgment</b>				<b>5,219.00</b>
Account No.  <b>Shenandoah Legal Group POB 75 310 Jefferson St. SE Roanoke, VA 24002</b>		<b>Representing: Westlake Financial Serv.</b>				<b>Notice Only</b>
Sheet no. <b>32</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>6,259.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>-6309</b>  <b>William J. Bordeaux, Jr.</b> <b>7513 Old Oak Rd.</b> <b>Wilmington, NC 28411</b>	<b>J</b>	<b>2010</b> <b>Deficiency balance</b>				<b>2,000.00</b>
Account No. <b>xxxxxxxxxxxx2643</b>  <b>Wilmington Pathology</b> <b>1915 S 17th St #100</b> <b>Wilmington, NC 28403</b>	<b>W</b>	<b>Opened 5/18/10 Last Active 3/01/10</b> <b>Medical Bills</b>				<b>138.00</b>
Account No.  <b>Financial Data Systems</b> <b>1638 Military Cutoff Road</b> <b>Wilmington, NC 28403</b>		<b>Representing:</b> <b>Wilmington Pathology</b>				<b>Notice Only</b>
Account No. <b>xx0942</b>  <b>Wilmington Pathology Assoc.</b> <b>1915 S 17th Street, #100</b> <b>Wilmington, NC 28403</b>	<b>W</b>	<b>Opened 4/01/09 Last Active 10/01/08</b> <b>Medical Bills</b>				<b>48.00</b>
Account No.  <b>Stern &amp; Associates</b> <b>Attn: Bankruptcy Dept.</b> <b>415 North Edgeworth St., #210</b> <b>Greensboro, NC 27401</b>		<b>Representing:</b> <b>Wilmington Pathology Assoc.</b>				<b>Notice Only</b>
Sheet no. <b>33</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,186.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. <b>xx6595</b>  <b>Wilmington Pathology Assoc.</b> <b>1915 S 17th Street, #100</b> <b>Wilmington, NC 28403</b>		<b>H</b>	<b>Opened 9/01/09 Last Active 4/01/09</b> <b>Medical Bills</b>			<b>140.00</b>	
Account No.  <b>Stern &amp; Associates</b> <b>Attn: Bankruptcy Dept.</b> <b>415 North Edgeworth St., #210</b> <b>Greensboro, NC 27401</b>			<b>Representing:</b> <b>Wilmington Pathology Assoc.</b>			<b>Notice Only</b>	
Account No. <b>-6309</b>  <b>Woodforest National Bank</b> <b>Bankruptcy Notice</b> <b>P. O. Box 7889</b> <b>Spring, TX 77387-7889</b>		<b>J</b>	<b>2013</b> <b>Deficiency balance</b>			<b>875.00</b>	
Account No.							
Account No.							
Account No.							
Sheet no. <b>34</b> of <b>34</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)  <b>Total</b> (Report on Summary of Schedules)	<b>1,015.00</b>  <b>208,590.39</b>

B6G (Official Form 6G) (12/07)

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
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\_\_\_\_\_ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Yohance E. Lee,  
Dionne A. Holmes-Lee**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors



Fill in this information to identify your case:

Debtor 1 Yohance E. Lee

Debtor 2 Dionne A. Holmes-Lee  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation		Mortgage Specialist
	Employer's name		SunTrust Mortgage
	Employer's address		1001 Semmes Ave Sixth Floor RVW-3034 Richmond, VA 23224
	How long employed there?		4 yrs

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 3,007.32
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 3,007.32

Debtor 1 **Yohance E. Lee**  
 Debtor 2 **Dionne A. Holmes-Lee**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 3,007.32
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 277.42
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 537.52
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>401K loan 10</u>	5h.+ \$ 0.00	\$ 75.40
<u>401K loan 9</u>	\$ 0.00	\$ 73.46
<u>United Way</u>	\$ 0.00	\$ 6.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 969.80
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 2,037.52
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Odd Jobs at Church</u>	8h.+ \$ 420.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 420.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 420.00 + \$ 2,037.52 = \$ 2,457.52	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	2,457.52
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Yohance E. Lee

Debtor 2 Dionne A. Holmes-Lee  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

12 yrs

- ☐ No
- ☒ Yes

Son

13 yrs

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,100.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Yohance E. Lee**  
 Debtor 2 **Dionne A. Holmes-Lee**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	60.00
6b. Water, sewer, garbage collection	6b. \$	50.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	160.00
6d. Other. Specify: _____	6d. \$	0.00

**7. Food and housekeeping supplies**

7. \$ 500.00

**8. Childcare and children's education costs**

8. \$ 0.00

**9. Clothing, laundry, and dry cleaning**

9. \$ 60.00

**10. Personal care products and services**

10. \$ 75.00

**11. Medical and dental expenses**

11. \$ 400.00

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 200.00

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ 100.00

**14. Charitable contributions and religious donations**

14. \$ 100.00

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 0.00

15d. Other insurance. Specify: \_\_\_\_\_ 15d. \$ 0.00

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ 0.00

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: \_\_\_\_\_ 17c. \$ 0.00

17d. Other. Specify: \_\_\_\_\_ 17d. \$ 0.00

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ 0.00

**19. Other payments you make to support others who do not live with you.**

\$ 0.00

Specify: \_\_\_\_\_

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

**21. Other:** Specify: \_\_\_\_\_

21. +\$ 0.00

**22. Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 2,805.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,457.52

23b. Copy your monthly expenses from line 22 above. 23b. -\$ 2,805.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ -347.48

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain:

**United States Bankruptcy Court**  
**Eastern District of Virginia**In re **Yohance E. Lee**  
**Dionne A. Holmes-Lee**

Debtor(s)

Case No.

Chapter

**7****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **53** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **July 2, 2015**Signature **/s/ Yohance E. Lee****Yohance E. Lee**

Debtor

Date **July 2, 2015**Signature **/s/ Dionne A. Holmes-Lee****Dionne A. Holmes-Lee**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

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**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Yohance E. Lee  
Dionne A. Holmes-Lee**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$0.00**

SOURCE

**2015 YTD Gross income from wages (H) - note: Mr. Lee has not received any income from wages in 2015****\$17,248.24****2015 YTD Gross income from wages (W)****\$0.00****2014 Gross income from wages (H) - note: Mr. Lee received no income from wages in 2014****\$31,450.00****2014 Gross income from wages (W)****\$23,579.00****2013 Gross income from wages (H)****\$29,386.00****2013 Gross income from wages (W)**

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2**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITORDATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERSAMOUNT  
PAID OR  
VALUE OF  
TRANSFERSAMOUNT STILL  
OWING

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBERNATURE OF  
PROCEEDINGCOURT OR AGENCY  
AND LOCATION  
**Chesterfield Gen. District Ct.  
Attn: Clerk of Court - CIVIL  
P. O. Box 144  
Chesterfield, VA 23832-0144**STATUS OR  
DISPOSITION  
**Dismissed no  
funds,  
8/7/2014****Gastrointestinal Specialists, Inc. v. Yohance Lee, GV13020247-01****Garnishment****Pusha Mago v. Yohance E. Lee & Dionne  
Holmes-Lee, GV14018698-00****Unlawful  
Detainer****Chesterfield Gen. District Ct.  
Attn: Clerk of Court - CIVIL  
P. O. Box 144  
Chesterfield, VA 23832-0144****Judgment,  
12/16/2014**

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
CNAC of Richmond v. Dionne A. Holmes-Lee, GV15009171-00	Warrant in Debt	Chesterfield Gen. District Ct. Attn: Clerk of Court - CIVIL P. O. Box 144 Chesterfield, VA 23832-0144	Pending, Hearing 7/21/2015
Check City v. Dionne Holmes-Lee, GV14038605-00	Warrant in Debt	Richmond General District Ct. Attn: Clerk of Court - CIVIL 400 N. Ninth Street, Room 203 Richmond, VA 23219	Default Judgment on 12/3/2014
Check City v. Dionne Holmes-Lee, GV14038605-01	Garnishment	Richmond General District Ct. Attn: Clerk of Court - CIVIL 400 N. Ninth Street, Room 203 Richmond, VA 23219	"Other" on 4/9/2015

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

**6. Assignments and receiverships**

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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NAME AND ADDRESS OF PERSON OR ORGANIZATION <b>Fountain Deliverance</b> <b>3800 E. Broad Rock Rd.</b> <b>Richmond, VA 23224</b>	RELATIONSHIP TO DEBTOR, IF ANY <b>None</b>	DATE OF GIFT <b>Montly</b>	DESCRIPTION AND VALUE OF GIFT <b>Contribution \$100</b>
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**8. Losses**

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE <b>Yvonne Cochran, Attorney</b> <b>Cochran Bankruptcy Law Firm</b> <b>4509 W. Broad St.</b> <b>Richmond, VA 23230</b>	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR <b>6/29/2015</b> <b>7/2/2015</b>	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY <b>\$800.00 which includes costs</b> <b>and fees of \$335.00 court filing</b> <b>fee, \$40.00 credit counseling,</b> <b>\$40.00 per person credit</b> <b>report.</b>
--	--	--

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

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**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
<b>Lycine Holes</b> <b>12841 Benfry Dr.</b> <b>Fort Lee, VA 23801</b>	<b>2004 Infiniti FX35, Value: \$10525.00</b>	<b>Debtor's Residence</b>

**15. Prior address of debtor**

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

**18 . Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Y. Eric Lee Ministries, Inc.	-6309	119 Watersfield Dr. Leland, NC 28451	Religious ministry	2007 through 2011
Share Random Kindness	-1694	5701 Country Manor Ct. Richmond, VA 23234	Non-profit charity	2013 through present
Fountain Ministries	-6309	5701 Country Manor Ct. Richmond, VA 23234	Religious ministry	2007 through 2014

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

B7 (Official Form 7) (04/13)

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**19. Books, records and financial statements**

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS**21 . Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP**22 . Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

B7 (Official Form 7) (04/13)

8

**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE  
OF WITHDRAWAL

AMOUNT OF MONEY  
OR DESCRIPTION AND  
VALUE OF PROPERTY

**24. Tax Consolidation Group.**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 2, 2015

Signature /s/ Yohance E. Lee  
**Yohance E. Lee**  
Debtor

Date July 2, 2015

Signature /s/ Dionne A. Holmes-Lee  
**Dionne A. Holmes-Lee**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Eastern District of Virginia**In re **Yohance E. Lee  
Dionne A. Holmes-Lee**

Debtor(s)

Case No.

Chapter

**7****CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>-NONE-</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date July 2, 2015Signature /s/ Yohance E. Lee  
**Yohance E. Lee**  
DebtorDate July 2, 2015Signature /s/ Dionne A. Holmes-Lee  
**Dionne A. Holmes-Lee**  
Joint Debtor

**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **Yohance E. Lee**  
**Dionne A. Holmes-Lee**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>1,875.00</u>
Prior to the filing of this statement I have received .....	\$	<u>385.00</u>
Balance Due .....	\$	<u>1,490.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (*specify*)
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (*specify*)
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - Other provisions as needed:

**From your downpayment the following fees and costs have been subtracted; \$335 for court filing fee, \$20 for prebankruptcy credit counseling class (unless previously paid by client) and \$40 per person credit report. The remainder of your downpayment will be applied towards your attorney fees.**

**Additional attorney fees in a chapter 7 case if applicable are: (1) \$250 per set of 10 creditors/notices after the first 15, (2) \$100 for the preparation of a homestead deed, (3) \$250 for the release and return of garnished monies.**

**Initial consultation, preparation and filing of petition, representation at one 341 meeting, representation at one simple motion for relief of stay hearing.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
- Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**
- Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. Preparation and filing of motions to incur debt or sell property. Homestead deed preparation and/or filing. Negotiation with creditors or courts or the preparation and filing of motions for the return of garnishment or preference monies.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 2, 2015***Date***/s/ David Nicholas Tabakin****David Nicholas Tabakin 82709***Signature of Attorney***Cochran Law Firm***Name of Law Firm***4509 W. Broad St.****Richmond, VA 23230****(804) 358-2222 Fax: (804) 358-7985**Date **July 2, 2015**Signature **/s/ Yohance E. Lee****Yohance E. Lee***Debtor*Date **July 2, 2015**Signature **/s/ Dionne A. Holmes-Lee****Dionne A. Holmes-Lee***Joint Debtor****For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,000******(For all Cases Filed on or after 8/1/2014)*****NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE****PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

**PROOF OF SERVICE**

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

*Date**Signature of Attorney*



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Yohance E. Lee**  
**Dionne A. Holmes-Lee** Debtor(s) Case No. \_\_\_\_\_  
Chapter **7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u><b>Yohance E. Lee</b> <b>Dionne A. Holmes-Lee</b></u>	X <u><b>/s/ Yohance E. Lee</b></u>	<u><b>July 2, 2015</b></u>
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known) _____	X <u><b>/s/ Dionne A. Holmes-Lee</b></u>	<u><b>July 2, 2015</b></u>
	Signature of Joint Debtor (if any)	Date

---

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Yohance E. Lee  
Dionne A. Holmes-Lee**

Debtor(s)

Case No.  
Chapter

**7**

**COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette, by a typed hard copy in scannable format, with Request for Waiver attached, or uploaded by Electronic Case Filing is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

- (a) \_\_\_\_ computer diskette listing a total of \_\_\_\_ creditors; or
- (b) \_\_\_\_ scannable hard copy, with Request for Waiver attached, consisting of \_\_\_\_ pages, listing a total of \_\_\_\_ creditors; or
- (c) \_\_\_\_ uploaded via Electronic Case Filing a total of \_\_\_\_ creditors.

Date: **July 2, 2015**

**/s/ Yohance E. Lee**

**Yohance E. Lee**

Signature of Debtor

Date: **July 2, 2015**

**/s/ Dionne A. Holmes-Lee**

**Dionne A. Holmes-Lee**

Signature of Debtor

*[Check if applicable]* \_\_\_\_ Creditor(s) with  
foreign addresses included on disk/hard copy.

Yohance E. Lee  
5701 Country Manor Ct.  
Richmond, VA 23234

Dionne A. Holmes-Lee  
5701 Country Manor Ct.  
Richmond, VA 23234

Yvonne Cochran, Attorney  
Cochran Law Firm  
4509 W. Broad St.  
Richmond, VA 23230

A Quality Self Storage Inc  
7815 Ocean Highway East  
Leland, NC 28451

Aaron's, Inc  
Attn: Bankruptcy Notices  
309 E. Paces Ferry Rd, N.E.  
Atlanta, GA 30305

AFNI, Inc.  
Bankruptcy Dept.  
P. O. Box 3427  
Bloomington, IL 61702-3427

Allen, Macdonald & Davis, PLLC  
1508 Military Cutoff Road  
Suite 102  
Wilmington, NC 28403

Anesthesia Assoc. of Richmond  
Attn: Bankruptcy Notification  
P.O. Box 17978  
Richmond, VA 23226-7978

AT&T Mobility II LLC  
Attn: Bankruptcy Dept.  
One AT&T Way, Room 3A104  
Bedminster, NJ 07921

Ballato Law Firm, PC  
Attn: Bankruptcy Dept.  
3721 Westerre Pkwy, Ste. A  
Henrico, VA 23233

Bank of America  
Attn: Bankruptcy Dept.  
4161 Piedmont Pkwy  
Greensboro, NC 27410

Bank of America, N.A.  
Loss/Recovery  
P O Box 982284  
El Paso, TX 79998-2238

BB&T Bank  
Bankruptcy Dept.  
P. O. Box 1847  
Wilson, NC 27894

Bernard & Associates Realty  
507 Chestnut Street  
Wilmington, NC 28401

Bon Secours  
Bankruptcy Dept  
P.O. Box 28538  
Henrico, VA 23228

Brunswick County Utilities  
P.O. Box 469  
Bolivia, NC 28422

Brunswick Electric  
PO BOX 580348  
Charlotte, NC 28258-0348

CAC Financial Corp  
Bankruptcy Dept.  
2601 NW Expressway, #1000 East  
Oklahoma City, OK 73112-7236

Call Federal Credit Union  
Bankruptcy Notification  
4605 Commerce Road  
Richmond, VA 23234

Capio Partners, LLC  
Attn: Bankruptcy Dept  
2222 Texoma Parkway, Suite 150  
Sherman, TX 75090

Capital One Bank (USA), N.A.  
Bankruptcy Notification  
P.O. Box 30285  
Salt Lake City, UT 84130-0285

Carecentrix  
Attn: Bankruptcy Dept.  
20 Church Street, Ste 1100  
Hartford, CT 06103

Carolina First  
d/b/a TD Bank  
2035 LIMESTONE RD  
Wilmington, DE 19808

Cash in Advance  
1930 Castle Hayne Road  
Wilmington, NC 28401

CBE Group, Inc.  
Attn: Bankruptcy Department  
1309 Technology Parkway  
Cedar Falls, IA 50613

Check City Check Cashing  
Bankruptcy Dept.  
2474 North University Avenue  
Provo, UT 84604

Chesterfield Co. Utilities  
Attn: Bankruptcy Dept.  
PO Box 608  
Chesterfield, VA 23832-0009

Chestnut Property Managment  
PO Box 2196  
Wilmington, NC 28402

ChexSystems Collection Agency  
7805 Hudson Road, Suite 100  
Woodbury, MN 55125

City of Richmond  
c/o Dept. of Finance  
900 E Broad St Rm 103  
Richmond, VA 23219

City of Wilmington  
305 Chestnut St  
PO Box 9001  
Wilmington, NC 28402

CJW Medical Center  
Attn: Bankruptcy Dept.  
P.O. Box 99400  
Louisville, KY 40269

CNAC of Richmond  
Bankruptcy Notification  
7400 Midlotian Turnpike  
Richmond, VA 23225

Cohen Dermatopathology  
PO Box 414913  
Boston, MA 02241-4913

College Foundation Inc  
2917 Highwoods Blvd  
Raleigh, NC 27604

Comcast Cable  
Attn. Bankruptcy Dept.  
8029 Corporate Drive  
Nottingham, MD 21236-4977

Commonwealth Radiology, PC  
ATTN: Bankruptcy Department  
1508 Willow Lawn Dr. Suite 117  
Richmond, VA 23230

Commonwealth Anesthesia  
Bankruptcy Dept.  
P. O. Box 35808  
Richmond, VA 23225

Comprehensive ENT, P.C.  
203 Wexleigh Drive  
Henrico, VA 23229

Continental Emergency Services  
Bankruptcy Dept.  
PO Box 1617  
Mechanicsville, VA 23116



County Waste  
7825 Parham Landing Rd.  
West Point, VA 23181

County Waste  
12230 Deergrove Rd.  
Midlothian, VA 23112

Credit Adjustment Board, Inc.  
8002 Discovery Drive  
Suite 311  
Henrico, VA 23229

Credit Collection Services  
Bankruptcy Dept.  
P.O. Box 9134  
Needham Heights, MA 02494-9134

David Girardot  
4607 Franklin Ave. Ste. 110  
Wilmington, NC 28403

Delaney Radiologists  
1025 Medical Center Dr  
Wilmington, NC 28401

Dermatology Assoc of VA  
Attn: Bankruptcy Department  
301 Concourse Road, Suite 190  
Glen Allen, VA 23059

DirecTV  
Attn: Bankruptcy Dept.  
P.O. Box 6550  
Greenwood Village, CO 80155-6550

Dominion Virginia Power  
P.O. Box 26666  
18th Floor  
Richmond, VA 23261

Dr. Yvonne Knight  
3811 Gaskins Rd  
Henrico, VA 23233

Durham & Durham, LLP  
Attn: Bankruptcy Dept  
5665 New Northside Dr, Ste 340  
Atlanta, GA 30328

DYC, LLC  
7231 Airline Place  
Wilmington, NC 28403

Eastern Account Systems  
Bankruptcy Dept.  
75 Glen Road, Suite #110  
Newtown, CT 06470

ECEP  
Attn: Bankruptcy  
4402 Shipyard Blvd  
Wilmington, NC 28403

Enhanced Recovery Company LLC  
Attn: Bankruptcy Dept  
8014 Bayberry Road  
Jacksonville, FL 32256

Enterprise Rent a Car  
Attn: Accts Receivable  
5601 A Market Street  
Wilmington, NC 28405-3511

EOS CCA  
Attn: Bankruptcy  
700 Longwater Drive  
Norwell, MA 02061

Express Scripts  
Attn: Bankruptcy  
P.O. Box 66580  
Saint Louis, MO 63166-6580

FASV, PC  
7016 Lee Park Road, Ste 105  
Mechanicsville, VA 23111

Financial Data Systems  
1638 Military Cutoff Road  
Wilmington, NC 28403

First Citizens Bank  
Bankruptcy Dept.  
P. O. Box 11757  
Columbia, SC 29211

Firstpoint Coll Resources, Inc  
Attn: Bankruptcy Dept  
225 Commerce Place  
Greensboro, NC 27401

FirstSource Advantage, LLC  
Attn: Bankruptcy Dept.  
205 Bryant Woods South  
Amherst, NY 14228

Focused Recovery Solutions  
Bankruptcy Dept.  
9701 Metropolitan Ct., Suite B  
North Chesterfield, VA 23236-3662

Fort Sill National Bank  
P.O. Box 33009  
Fort Sill, OK 73503-9989

Four County EMC  
1822 N.C. 53 West  
PO Box 667  
Burgaw, NC 28425

Franklin Collection Services  
2978 West Jackson Street  
P.O. Box 3910  
Tupelo, MS 38801

Gastrointestinal Specialists  
2369 Staples Mill Road  
2nd Floor  
Richmond, VA 23230-2909

GEICO Indemnity Co.  
Attn: Bankruptcy Dept.  
One GEICO Boulevard  
Fredericksburg, VA 22412-0007

Great Lakes  
PO Box 530229  
Atlanta, GA 30353-0229

HCA Health Services of VA  
Attn: Bankruptcy Notices  
One Park Plaza  
Nashville, TN 37203

Henrico Doctor's Hospital  
Attn: Bankruptcy Dept.  
P.O. Box 99400  
Louisville, KY 40269

Henrico Surgical Specialist  
Bankruptcy Notice  
3 Maryland Farms Ste. 250  
Brentwood, TN 37027-5053

I.C. System, Inc  
Bankruptcy Notification  
P.O. Box 64437  
Saint Paul, MN 55164-0437

Inpatient Medical Services PA  
Attn: Bankruptcy Dept.  
4299 San Felipe Rd, Ste 300  
Houston, TX 77027

Inst. of Advanced ENT Surgery  
3 Maryland Farms Ste 250  
Brentwood, TN 37027-5053

Integrated Auto. Fin., LLC  
Attn: Bankruptcy notices  
4801 Courthouse St, Ste 300  
Williamsburg, VA 23188

Intercede Health  
2000 Crawford Street, Ste 1350  
Houston, TX 77002

Interstate Credit Coll  
Attn: Bankruptcy Dept.  
711 Coliseum Plaza Ct  
Winston Salem, NC 27106

James River Emergency Group  
5665 New Northside Drive  
Suite 320  
Atlanta, GA 30328

Joanne S. Parker  
533 Rivage Promenade  
Wilmington, NC 28412

Kool Smiles  
400 Galleria Parkway Suite 800  
Atlanta, GA 30339

Laboratory Corp. of America  
Attn: Bankruptcy Dept.  
P.O. Box 2240  
Burlington, NC 27216-2240

Lafayette, Ayers & Whitlock  
Bankruptcy Dept.  
10160 Staples Mill Road, #105  
Glen Allen, VA 23060

LCA Collections  
Attn: Bankruptcy Dept  
PO Box 2240  
Burlington, NC 27216-2240

Liberty Mutual  
Attn: Bankruptcy Notices  
175 Berkeley Street  
Boston, MA 02116

Mark D. Kidd  
3140 Chaparral Drive  
Suite #200  
Roanoke, VA 24018-4317

Mark D. Kidd  
P.O. Box 20487  
Roanoke, VA 24018

Maryland Transportation Author  
2310 Broening Hwy  
Baltimore, MD 21224

MCV Associated Physicians  
830 E Main Street  
Suite 1900  
Richmond, VA 23219

MCV Collections  
Attn: Bankruptcy Dept.  
P.O. Box 758721  
Baltimore, MD 21275

MCV Hospital  
Attn: Bankruptcy Notification  
P.O. Box 980462  
Richmond, VA 23298-0462

MEDAC Health Services PA  
3710 Shipyard Blvd  
Wilmington, NC 28403

Meehan Law, LLC  
700 Spirit of St. Louis Blvd  
Ste A  
Chesterfield, MO 63005

Midland Credit Management  
Attn: Bankruptcy Dept.  
8875 Aero Drive, Ste 200  
San Diego, CA 92123

Monument Pathologists, Inc.  
Attn: Bankruptcy Notices  
5801 Bremo Road  
Richmond, VA 23226

N. Am. Partners in Anesthesia  
PO Box 37090  
Baltimore, MD 21297-3090

Nationwide Credit, Inc.  
PO Box 26314  
Lehigh Valley, PA 18002-6314

Navient  
PO Box 9500  
Wilkes Barre, PA 18773

NCO Financial Systems, Inc.  
2360 Campbell Creek, Suite 500  
Richardson, TX 75082

NCO Financial Systems, Inc.  
507 Prudential Road  
Horsham, PA 19044

New Generations FCU  
Bankruptcy Notice  
1700 Robin Hood Road  
Richmond, VA 23220

New Hanover Regional Hospital  
Attn: Bankruptcy  
2131 S 17th Street  
Wilmington, NC 28401

NHC Animal Control  
c/o Fin. Dept.  
230 Government Drive, Ste 165  
Wilmington, NC 28403

North Metro Properties  
PO Box 1144  
Wilmington, NC 28402

Norwood Pharmacy  
c/o Ignite Spot Accounting  
PO Box 707  
Layton, UT 84041

NPAS Solutions, LLC  
One Park Plaza - Legal Dept.  
Nashville, TN 37203

Online Collections  
Attn: Bankruptcy Dept.  
PO Box 1489  
Winterville, NC 28590

OrthoVirginia, Inc.  
Billing/Bankruptcy Dept.  
1115 Boulders Pkwy, Suite 200  
North Chesterfield, VA 23225

Paragon Revenue Group  
Attn: Bankruptcy Dept  
P.O. Box 126  
Concord, NC 28026

Patient First  
Attn: Billing/Bankruptcy Dept.  
P.O. Box 758941  
Baltimore, MD 21275-8941

Pentagroup Financial  
Attn: Bankruptcy Dept.  
5959 Corporate Dr, Ste 1400  
Houston, TX 77036

PMAB LLC  
Attn: Bankruptcy Dept.  
4135 Southstream Blvd. #400  
Charlotte, NC 28217

Port Authority of NY & NJ  
4 World Trade Center  
150 Greenwich Street  
New York, NY 10007

Primary Health Group  
101 Cowardin Ave # 305  
Richmond, VA 23224

Primary Health Group, Inc.  
One Park Plaza  
Nashville, TN 37203

Prince-Parker & Associates Inc  
8625 Crown Crescent Ct  
P.O. Box 474690  
Charlotte, NC 28247-4690

Progress Energy  
P.O. Box 1551  
Raleigh, NC 27602

Pusha Mago  
5012 Cedarbend Lane  
Richmond, VA 23237



Quest Diagnostics Inc  
Bankruptcy Dept.  
P.O. Box 7302  
Hollister, MO 65673-7302

Radiology Assoc. of Richmond  
Attn: Bankruptcy Notification  
2602 Buford Road  
Richmond, VA 23225

RBC Centura  
301 FAYETTEVILLE ST STE 1200  
Raleigh, NC 27601

Receivable Management  
7206 Hull Street Road  
North Chesterfield, VA 23235

Receivables Management System  
Attn: Bankruptcy Dept  
7206 Hull Street Road  
North Chesterfield, VA 23235

Regional Acceptance  
Bankruptcy Dept.  
10051 Midlothian Turnpike  
Richmond, VA 23235

Rewards 660 Processing Center  
PO Box 30383  
Tampa, FL 33630-3383

Richmond Diabetes and Endo.  
7229 Forest Avenue  
Suite 110  
Henrico, VA 23231

Richmond Emergency Physicians  
5855 Bremon Road, Suite 210  
Richmond, VA 23226

Richmond Postal Credit Union  
Bankruptcy Notice  
1601 Ownby Lane  
Richmond, VA 23220

Royal Derm & Aes. Skin Care  
7229 Forrest Ave, Ste 100  
Richmond, VA 23226

SCA  
P.O. Box 910  
Edenton, NC 27932

Shenandoah Legal Group  
POB 75  
310 Jefferson St. SE  
Roanoke, VA 24002

Sleep Clinic  
P.O. Box 71703  
Henrico, VA 23255

Solodar & Solodar  
Bankruptcy Dept.  
11504 Allecingie Pwy.  
Richmond, VA 23235

Sprint Nextel  
Attn: Bankruptcy Dept.  
P.O. Box 7949  
Overland Park, KS 66207-0949

State Farm Ins.  
PO Box 2329  
Bloomington, IL 61702-2329

Stern & Associates  
Attn: Bankruptcy Dept.  
415 North Edgeworth St., #210  
Greensboro, NC 27401

SunTrust Bank  
Attn: Bankruptcy Dept  
P.O. Box 85024  
Richmond, VA 23285-5024

SunTrust Bank  
Attn: Bankruptcy Department  
P.O. Box 4928  
Orlando, FL 32802

Tate & Kirlin Assoc.  
Bankruptcy Dept.  
2810 Southampton Road  
Philadelphia, PA 19154

The Foot and Ankle Center  
Attn: Bankruptcy Dept.  
1465 Johnston Willis Dr  
Richmond, VA 23235

Transworld Systems Inc.  
Attn: Bankruptcy Dept.  
507 Prudential Rd  
Horsham, PA 19044

TRS Recovery Services, Inc.  
5251 Westheimer  
Houston, TX 77056

U.S. Dept. of Education/GLESI  
Bankruptcy Notification  
P.O. Box 7860  
Madison, WI 53707

Verizon  
Attn: Bankruptcy Dept.  
500 Technology Dr., Suite 300  
Weldon Spring, MO 63304

Violation Process Center  
PO Box 1234  
Clifton Forge, VA 24422

Virginia Credit Union  
Attn: Bankruptcy Department  
P.O. Box 90010  
Richmond, VA 23225

Virginia Ear, Nose, & Throat  
Attn: Bankruptcy Dept.  
P.O. Box 36007  
North Chesterfield, VA 23235-8000

Virginia Emergency Physicians  
Attn: Bankruptcy Dept  
1602 Skipwith Road  
Henrico, VA 23229

Virginia Urology  
Bankruptcy Notification  
9105 Stony Point Drive  
Richmond, VA 23235

Wells Fargo Bank Nevada, NA  
Attn: Bankruptcy Dept  
P.O. Box 31557  
Billings, MT 59107

Westlake Financial Serv.  
4751 Wilshire Blvd.  
Suite 100  
Los Angeles, CA 90010

William J. Bordeaux, Jr.  
7513 Old Oak Rd.  
Wilmington, NC 28411

Wilmington Pathology  
1915 S 17th St #100  
Wilmington, NC 28403

Wilmington Pathology Assoc.  
1915 S 17th Street, #100  
Wilmington, NC 28403

Woodforest National Bank  
Bankruptcy Notice  
P. O. Box 7889  
Spring, TX 77387-7889

## Fill in this information to identify your case:

Debtor 1 Yohance E. Lee

Debtor 2 Dionne A. Holmes-Lee  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number \_\_\_\_\_  
(if known)

## Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 22A - 1

## Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 2,874.71
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1  
Debtor 2**Yohance E. Lee**  
**Dionne A. Holmes-Lee**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <u>0.00</u>	\$ <u>0.00</u>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ <u>0.00</u>	
For your spouse	\$ <u>0.00</u>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ <u>0.00</u>	\$ <u>0.00</u>
10b.	\$ <u>0.00</u>	\$ <u>0.00</u>
10c. Total amounts from separate pages, if any.	+ \$ <u>0.00</u>	\$ <u>0.00</u>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>0.00</u>	+ \$ <u>2,874.71</u> = \$ <u>2,874.71</u>
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** 12a. \$ 2,874.71

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ 34,496.52

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. VA

Fill in the number of people in your household. 4

Fill in the median family income for your state and size of household. 13. \$ 93,349.00

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Yohance E. Lee****Yohance E. Lee**  
Signature of Debtor 1Date **July 2, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

**X /s/ Dionne A. Holmes-Lee****Dionne A. Holmes-Lee**  
Signature of Debtor 2Date **July 2, 2015**

MM / DD / YYYY

Debtor 1 **Yohance E. Lee**  
Debtor 2 **Dionne A. Holmes-Lee** \_\_\_\_\_ Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor

**Debtor Income Details:**

Income for the Period **01/01/2015** to **06/30/2015**.

Debtor 1 **Yohance E. Lee**  
Debtor 2 **Dionne A. Holmes-Lee**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor's Spouse

#### Spouse Income Details:

Income for the Period **01/01/2015** to **06/30/2015**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Suntrust Mortgage**

Year-to-Date Income:

Total Year-to-Date Income: **\$17,248.24** from check dated **6/30/2015** .

Average Monthly Income: **\$2,874.71** .